

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

yes

no

Mr. Artist

(Last Name Last)

Permanent Address

Street

City

Zip

Area Code

107

Temporary Address

5115 Lake Rd. Sheffield

Street

Lake, Ohio

44084

Area Code

216-949-5122

Zip

Permanent address is in what county?

LORAIN

Born in Cuyahoga County  Yes  No

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

- Artist will pick up at Museum.
- Museum should dispose of.
- Museum should ship to artist C.O.D. at this address:

### Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed

**THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.**

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 15, 1975.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

## ENTRY BLANKS

**1**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

MIXED (ACRYLIC)

Title

UNTITLE

Price or NFS

NFS

Insurance Value  
If NFS Only

\$200

Size

20 X 16

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price  
UnframedPrice  
of Frames

RESERVED

DO NOT WRITE IN THIS SECTION

2 (1)

ACCEPTED

REJECTED

FEE PAID

BY

**2**

1. Paintings    2. Graphics    3. Photography  
 4. Sculpture    5. Electric    6. Crafts

Medium or Materials

MIXED

Title

UNTITLED

Price Framed  
or NFS

NFS

Insurance Value  
If NFS Only

\$200

Size

30 X 40

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price  
UnframedPrice of  
Frame

DO NOT WRITE IN THIS SECTION

3 (1)

ACCEPTED

REJECTED

RECEIVED

BY

3/15

P/D

DO NOT DETACH

1975 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance

9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects

April 14 through April 26

Accepted Objects

June 23 through June 28

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	TRUDI JAMES
Address	5115 Lake Rd. # 107
City & State	Shaker Heights, Ohio 44108

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

51

## ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

RECEIVED

DO NOT DETACH

**1**

<input checked="" type="checkbox"/> 1. Paintings	<input type="checkbox"/> 2. Graphics	<input type="checkbox"/> 3. Photography
<input type="checkbox"/> 4. Sculpture	<input type="checkbox"/> 5. Electric	<input type="checkbox"/> 6. Crafts

Medium or Materials

MIXED

Title

UNTITLED I (Night)

DO NOT WRITE IN THIS SECTION

2 (1)

ACCEPTED

REJECTED



RECEIVED

DO NOT DETACH

JUN 26 1980

**2**

<input checked="" type="checkbox"/> 1. Paintings	<input type="checkbox"/> 2. Graphics	<input type="checkbox"/> 3. Photography
<input type="checkbox"/> 4. Sculpture	<input type="checkbox"/> 5. Electric	<input type="checkbox"/> 6. Crafts

Medium or Materials

MIXED

Title

UNTITLED II

DO NOT WRITE IN THIS SECTION

3 (1)

ACCEPTED

REJECTED

